Complete Summary

TITLE

Oncology: percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period.

SOURCE(S)

American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, Physician Consortium for Performance Improvement®. Oncology physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 48 p. [16 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period.

RATIONALE

Despite evidence suggesting the role of adjuvant endocrine therapy in lowering the risk of tumor recurrence, many female patients who should be receiving this therapy are not. This measure assesses whether patients with a certain stage of breast cancer (IC-III) and estrogen receptor (ER) or progesterone receptor (PR)

positive (ER/PR+) are currently receiving the therapy. There are allowable medical, patient, and system reasons to document instances in which a woman with stage IC-III, ER/PR+ may not be a candidate for the therapy. **Note**: The reporting/managing physician does not need to have actually written the prescription; however the reporting/managing physician must verify that the patient already has been prescribed the hormonal therapy by another physician.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Adjuvant therapy for postmenopausal women with hormone receptor–positive breast cancer should include an aromatase inhibitor in order to lower the risk of tumor recurrence. Aromatase inhibitors are appropriate as initial treatment for women with contraindications to tamoxifen. For all other postmenopausal women, treatment options include 5 years of aromatase inhibitors treatment or sequential therapy consisting of tamoxifen (for either 2 to 3 years or 5 years) followed by aromatase inhibitors for 2 to 3, or 5 years. (American Society of Clinical Oncology [ASCO] guidelines include narrative rankings) (ASCO)

Patients intolerant of aromatase inhibitors should receive tamoxifen. Women with hormone receptor–negative tumors should not receive adjuvant endocrine therapy. (ASCO guidelines include narrative rankings)(ASCO)

Patients with invasive breast cancers that are estrogen or progesterone receptor positive should be considered for adjuvant endocrine therapy regardless of patient age, lymph node status, or whether or not adjuvant chemotherapy is to be administered. (National Comprehensive Cancer Network [NCCN])

The most firmly established adjuvant endocrine therapy is tamoxifen for both premenopausal and postmenopausal women. Prospective, randomized trials demonstrate that the optimal duration of tamoxifen appears to be five years. In patients receiving both tamoxifen and chemotherapy, chemotherapy should be given first, followed by sequential tamoxifen. Several studies have evaluated aromatase inhibitors in the treatment of postmenopausal women with early-stage breast cancer. (NCCN)

PRIMARY CLINICAL COMPONENT

Stage IC - IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer; tamoxifen; aromatase inhibitor (AI) therapy

DENOMINATOR DESCRIPTION

All female patients aged 18 years and older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All female patients aged 18 years and older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All female patients aged 18 years and older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

Exclusions

- Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) (e.g., patient's disease has progressed to metastatic, patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was greater than or equal to 5 years from reporting date)
- Documentation of patient reason(s) for not prescribing tamoxifen or AI (e.g., patient refusal)
- Documentation of system reason(s) for not prescribing tamoxifen or AI (e.g., patient is currently enrolled in a clinical trial)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Oncology Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Society for Therapeutic Radiology and Oncology, the American Society of Clinical Oncology, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Society for Therapeutic Radiology and Oncology
American Society of Clinical Oncology
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Patricia Ganz, MD (*Co-Chair*); James Hayman, MD (*Co-Chair*); Joseph Bailes, MD; Nancy Baxter, MD, PhD; Joel V. Brill, MD; Steven B. Clauser, PhD; Charles Cleeland, PhD; J. Thomas Cross, Jr. MD, MPH; Chaitanya R. Divgi, MD; Stephen B. Edge, MD; Patrick L. Fitzgibbons, MD; Sue Frechette; Myron Goldsmith, MD; Joel W. Goldwein, MD; Alecia Hathaway, MD, MPH; Kevin P. Hubbard, DO; Nora Janjan, MD, MPSA; Maria Kelly, MB, BCh; Wayne Koch, MD; Andre Konski, MD; Len Lichtenfeld, MD; Norman J. Marcus, MD; Catherine Miyamoto, RN, BSN; Michael Neuss, MD; Jean Owen, PhD; David F. Penson, MD, MPH; Louis Potters, MD; John M. Rainey, MD; Christopher M. Rose, MD; Lee Smith, MD; Lawrence A. Solberg, MD, PhD; Paul E. Wallner, MD; J. Frank Wilson, MD; Rodger Winn, MD

American Society for Therapeutic Radiation and Oncology: Dave Adler; Robyn Watson, PhD; Emily Wilson

American Society of Clinical Oncologists: Pamela Kadlubek, MPH; Kristen McNiff, MPH; Julia Tompkins

American College of Radiation Oncology: Jennifer Dreyfus

American College of Surgeons: Julie Lewis

American Medical Association: Joseph Gave, MPH; Kendra Hanley, MS, CHE; Erin O. Kaleba, MPH; Karen Kmetik, PhD

Centers for Medicare & Medicaid Service: Tiffany Sanders, MD

College of American Pathologists Staff: Fay Shamanski, PhD

Consumer Representative: Catherine D. Harvey, Dr.PH

Health Plan Representative: Ranae Dahlberg

Consortium Consultant: Rebecca Kresowik; Timothy Kresowik, MD

National Committee for Quality Assurance: Donna Pillittere

National Comprehensive Cancer Network: Joan McClure, MS

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, Physician Consortium for Performance Improvement®. Oncology physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 48 p. [16 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Hormonal Therapy for Stage IC through IIIC, ER/PR Positive Breast Cancer," is published in the "Oncology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 8, 2008. The information was verified by the measure developer on October 16, 2008.

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